

DR. JACQUELINE HONIG'S MOTION AND MEMORANDUM IN  
SUPPORT OF MOTION IN LIMINE TO EXCLUDE STANDARD OF  
CARE OPINIONS OF PLAINTIFF'S EXPERTS

**EXHIBIT B**

Deposition of Darla Welker



Deposition of:  
**Darla A. Welker**

*December 14, 2020*

In the Matter of:  
**Holliman, Michelle v. We Are Sharing  
Hope SC, et al**

**A. William Roberts, Jr & Assoc.**  
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Page 1

1 STATE OF SOUTH CAROLINA COURT OF COMMON PLEAS  
2 COUNTY OF CHARLESTON 9TH JUDICIAL CIRCUIT  
3 MICHELLE CHA HOLLIMAN, individually and as personal  
representative of the Estate of Allen B. Holliman,

4 Plaintiff,

5 vs.

CASE NO. 2020-CP-10-2902

6 WE ARE SHARING HOPE SC, MEDICAL UNIVERSITY OF SOUTH  
7 CAROLINA, and UNITED NETWORK FOR ORGAN SHARING,  
8 Defendants.

9  
10 VIDEOCONFERENCE

11 DEPOSITION OF: DARLA A. WELKER

12 DATE: December 14, 2020

13 TIME: 10:04 a.m.

14 LOCATION: Mount Pleasant, South Carolina

15 TAKEN BY: Counsel for the Plaintiff

16 REPORTED BY: MARIE H. BRUEGGER, RPR, CRR  
(Appearing Via VTC)

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Page 2

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Page 4

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I N D E X

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Page/Line

3

DARLA A. WELKER

4

Examination by Ms. Dinkins

6 5

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SIGNATURE OF DEPONENT

177 1

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CERTIFICATE OF REPORTER

176

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REQUESTED INFORMATION INDEX

9

10

(No Information Requested)

11

12

E X H I B I T S

13

Page/Line

14

PLAINTIFF'S

15

Exhibit 1 CAT ABO Verification Form 84 19  
[WASH 0229]

16

Exhibit 2 Serology and ABO Reporting 88 25  
[WASH 218]

17

Exhibit 3 ABO Reporting [WASH 322] 89 3

18

Exhibit 4 Transfusion/Infusion - 99 25  
Hemodilution Worksheet

19

[WASH 94]

20

Exhibit 5 Case Notes [WASH 171-189] 104 20  
Exhibit 6 Blood Bank Tests Data 110 3

21

[WASH 216]

			Page	5
			Page/Line	
1				
2	Exhibit 7	Blood Bank Tests Data	110	6
3		[WASH 217]		
4	Exhibit 8	Call Notes [WASH 36-42]	116	9
5	Exhibit 9	Blood Product/Colloid	123	5
6		Administration Summary		
7		[WASH 93]		
8	Exhibit 10	Laboratory Results	136	5
9		[WASH 300-307]		
10	Exhibit 11	Transfusion/Infusion -	142	2
11		Hemodilution Worksheet		
12		[WASH 96]		
13	Exhibit 12	Photograph of Vial	144	14
14		[MUSC RRFP 194]		
15	Exhibit 13	DonorNet Documents [WASH 53,	150	23
16		54, 58, 91, 93, 94, 248-258,		
17		262-265, MUSC_Subpoena		
18		90-100]		
19	Exhibit 14	Organ Supply List	153	8
20		[WASH 116-117]		
21	Exhibit 15	Text Messages [WASH 372-388]	160	23
22	Exhibit 16	Email Chain ending in a	172	9
23		12/4/18 Email to Stanton		
24		and DeStefano from Thomas		
25		[MUSC_Subpoena 14-15]		

Page 6

1 DARLA A. WELKER

2 being first duly sworn, testified as follows:

3 EXAMINATION

4 BY MS. DINKINS:

5 Q Good morning, Ms. Welker. Thank you  
6 very much for being here this morning. I  
7 appreciate your time.

8 A Good morning.

9 Q As you just heard, my name is Lucy  
10 Dinkins, and I represent the plaintiff, Michelle  
11 Holliman. She's brought a lawsuit both  
12 individually and as the personal representative of  
13 the Estate of Allen Holliman against We Are  
14 Sharing Hope, MUSC, and UNOS.

15 Do you understand that you're here  
16 today to give testimony in connection with this  
17 case brought by Mrs. Holliman?

18 A I do.

19 Q Before we begin, I'd like to go over  
20 just a few of the rules and procedures governing  
21 the deposition. If you could please remember to  
22 answer all of the questions with a clear verbal  
23 answer so that the court reporter can accurately  
24 record your answer.

25 And also, please try to wait until I

Page 21

1 Q As an AOC, are you involved with  
2 determining and reporting the blood type of organ  
3 donors?

4 A Yes.

5 Q And can you describe your involvement  
6 with that, please?

7 A The blood type is, again, sent with  
8 VRL -- to VRL for two samples that are drawn at  
9 two different times, and we also run a hospital  
10 ABO in the beginning.

11 So when we receive the two VRL  
12 specimens, those are received by the clinical  
13 allocation technician. When those are received,  
14 they would then report them to the on-site  
15 clinician, and then they notify me as to the  
16 results of those two samples that were drawn. And  
17 then I verify that it's the correct donor with the  
18 correct UNOS ID, the correct birthdate, the  
19 correct collection time for both of those, and  
20 verify that those two ABOs match.

21 Q And you also mentioned running a  
22 hospital ABO?

23 A Correct.

24 Q Can you tell me a little bit about  
25 that, please?

Page 24

1 A No. And there would have been -- at  
2 different times when the case starts, there are  
3 other clinicians on. Michael was on that  
4 particular day.

5 Q For the donor at issue in this case?

6 A Yes, for the donor the day that the  
7 blood type was typed as well as for the OR and the  
8 recovery in the OR.

9 Q So would it have been his role to  
10 review the medical records of the donor at issue  
11 in this case?

12 A Yes.

13 Q Are you responsible for approving the  
14 blood type reported for donors that you're working  
15 on?

16 A Yes.

17 Q And what do you do in order to approve  
18 a blood type reported for a donor?

19 A Again, I look at the two samples that  
20 are drawn at VRL to compare those two, and if  
21 they're the same blood type, then we would report  
22 those and verify those two ABOS as the reported  
23 case of what the -- that's the normal practice.  
24 So those two blood types match, they have the --  
25 it's the right donor, the right -- the right VRL

Page 25

1 form, requisition form drawn at two separate  
2 times, both the same result. Those are reported  
3 as the ABO.

4 Q And so what happens if those VRL  
5 results don't match?

6 A We utilize the hospital ABO. So our  
7 policy and practice is if we have an indeterminate  
8 ABO from VRL, our policy states or allows for us  
9 to use two different samples drawn at two  
10 different times.

11 And we had the initial ABO, and I  
12 don't remember the date and time, but I do recall  
13 that it was -- and then Michael and I spoke about  
14 ordering a second ABO when we got the  
15 indeterminate results on this particular case, and  
16 Michael -- while we were on the phone, Michael  
17 reported that he'd found another blood type that  
18 was drawn approximately 23 hours later, on a  
19 different date, and the result was the same, so we  
20 had two ABOS that were reported by the hospital as  
21 being O. And if we had two samples that reported  
22 at two different times, per UNOS policy and WASH  
23 policy, we were allowed to use those two samples.

24 Q And so you just were describing the  
25 blood typing results for the donor at issue in

Page 30

1 massively transfused, we put in place a hard stop  
2 on the case, and that cannot be released until the  
3 medical director has reviewed all of the blood  
4 types and releases that blood type as being  
5 resulted as what they determine it to be with  
6 their investigation.

7 Q And when was that procedure put in  
8 place?

9 A Shortly after this event.

10 Q And it was put in place because of  
11 this event?

12 A Yes.

13 Q In November 2018, did the medical  
14 directors get involved in a donor who had had  
15 massive blood transfusions?

16 A I don't recall the extent, but again,  
17 that sample -- we had two samples drawn at two  
18 different times that were -- resulted the same by  
19 the hospital, and that was within WASH's policy as  
20 well as UNOS's policy, so we -- no, I don't recall  
21 that we did at that point just because we had two  
22 resulted samples that were the same.

23 Q So you're saying you don't recall that  
24 the medical directors became involved in this  
25 donor's case?

Page 48

1 I'm assuming that it's kept in DonorNet somewhere  
2 who did the verifications.

3 Q Can you please describe what you do in  
4 general to approve a donor's blood type?

5 MS. CRAIG: Object to form,  
6 "approved."

7 THE WITNESS: So I'm supposed to  
8 answer that one, correct?

9 MS. CRAIG: Yes. And, Darla, you're  
10 supposed to answer all questions unless I  
11 specifically instruct you not to answer it.

12 THE WITNESS: Okay.

13 MS. CRAIG: Thank you.

14 THE WITNESS: In general practice,  
15 again, we receive serologies which contain -- and  
16 NATs which contain two different samples drawn for  
17 blood typing. They're drawn at two different  
18 times. So we verify that it's the same UNOS ID on  
19 both of those samples, that they're drawn at two  
20 different times, or collected at two different  
21 times is actually how it's stated on the form, and that  
22 that it's the same requisition form, and that  
23 those two ABOs match.

24 BY MS. DINKINS:

25 Q And what did you do to approve this

Page 49

1 donor's blood type?

2 MS. CRAIG: Object to form.

3 THE WITNESS: Those two results came  
4 back indeterminate. And when those two came back  
5 indeterminate, I first spoke with Janine, and then  
6 I called Michael or Michael called me, I'm not  
7 100 percent certain, and we discussed drawing  
8 another blood type. And Michael informed me that  
9 he had a second ABO at the hospital that was drawn  
10 approximately 24 hours out from the first ABO that  
11 was drawn, and that they both resulted in an O.  
12 So we had two samples that were drawn at two  
13 different times that both resulted in an O, and so  
14 we followed our Sharing Hope policy as well as  
15 UNOS guidelines.

16 BY MS. DINKINS:

17 Q Did Michael tell you that the donor  
18 had received blood transfusions?

19 A I don't recall.

20 Q Did you ask him whether the donor had  
21 received any transfusions?

22 A I don't recall.

23 Q Why did you think that the VRL results  
24 came back indeterminate?

25 A Sometimes samples are hemodiluted

Page 64

1 MS. CRAIG: Same objection.

2 THE WITNESS: This particular case,  
3 this ABO discrepancy.

4 BY MS. DINKINS:

5 Q And so is it your understanding that  
6 these procedures were put in place so that a  
7 situation like what happened with this donor would  
8 not happen again?

9 A Do you mean to prevent a situation?  
10 Yes.

11 Q In 2018, did WASH have a written  
12 protocol for addressing conflicting or  
13 indeterminate blood type results?

14 A No, just that we had to have two  
15 different blood types from two different draw  
16 times that resulted in the same blood type.

17 Q And there was no written policy about  
18 what to do if one of the blood type results came  
19 back indeterminate. Is that correct?

20 A If one blood type -- if the blood type  
21 came back discrepant, we were to look to draw  
22 another sample to have two samples to compare, but  
23 we found a second sample, again, which was almost  
24 24 hours apart, same blood type, collected at the  
25 same hospital, that resulted the same.